



DEPARTMENT OF THE NAVY

FROM: COMMANDING OFFICER,

TO:

SUBJ: HONORABLE DISCHARGE FROM THE UNITED STATES NAVAL RESERVE

1. YOUR ENLISTMENT OR OBLIGATED SERVICE AS APPROPRIATE, EXPIRED ON THE DATE BELOW, THEREFORE YOU ARE HEREBY DISCHARGED FROM THE U.S. NAVAL RESERVE AS OF MIDNIGHT OF THAT DATE.
2. YOU ARE RECOMMENDED FOR REENLISTMENT. IF RECOMMENDED YOU MAY REENLIST AT THE NEAREST NAVAL RESERVE ACTIVITY. REENLISTMENT WITHIN 90 DAYS FROM YOUR DISCHARGE DATE WILL QUALIFY YOU FOR CONTINUOUS SERVICE. DOCUMENTS REQUIRED FOR REENLISTMENT INCLUDE THIS FORM, YOUR HONORABLE DISCHARGE CERTIFICATE, DD FORM 256N, AND YOUR REPORT OF SEPARATION FROM ACTIVE DUTY, DD FORM 214, IF YOU HAVE ANY ACTIVE MILITARY SERVICE.
3. YOUR PERMANENT PERSONNEL RECORD IS ON FILE AT THE NAVY PERSONNEL COMMAND (PERS 313C), 5720 INTEGRITY DRIVE, MILLINGTON, TN 38055. ANY WRITTEN INQUIRIES CONCERNING YOUR RECORDS SHOULD INCLUDE YOUR FULL NAME, SOCIAL SECURITY NUMBER AND DATE OF DISCHARGE FOR IDENTIFICATION PURPOSES.

PRIVACY ACT STATEMENT

1. AUTHORITY: Authority for requesting this information is contained in 10 United States Code, Chapter 11, 5 U.S.C. 552a(a)(7), (b)(3) and (e)(4)(D).
2. PURPOSE: To provide information for use in identifying individuals for issuance of discharge documents from the Naval Reserve.
3. ROUTINE USES: Information provided is used to identify the individual and his or her service record.
4. DISCLOSURE: Disclosure is voluntary; however, failure to fully complete all portions of this form may affect timeliness of issuance of the document.

DISCHARGE DATE	IMMEDIATELY REENLISTED		
NAME (First, Middle, Last)	RATE	SOCIAL SECURITY NUMBER	BRANCH AND CLASS

RECORD OF DISCHARGE FROM THE U.S. NAVAL RESERVE (INACTIVE)

ACTIVITY TITLE

HOME ADDRESS AT TIME OF DISCHARGE

TYPE OF DISCHARGE AND AUTHORITY

HONORABLE
MILPERSMAN 1910-104

CERTIFICATE ISSUED

REMARKS

Recommended for Reenlistment

DISCHARGE DATE	IMMEDIATELY REENLISTED			
NAME (First, Middle, Last)	RATE	SOCIAL SECURITY NUMBER	BRANCH AND CLASS	



HEALTH RECORD (USED IN LIEU OF A STANDARD FORM 600)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING, ORGANIZATION (SIGN EACH ENTRY)
	Health records terminated by reason of expiration of enlistment. Auth: MILPERSMAN 1910-104
	No further entries this page *****

DISCHARGE DATE	IMMEDIATELY REENLISTED		
NAME (First Middle Last)	RATE	SOCIAL SECURITY NUMBER	BRANCH AND CLASS